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Economic and Social Council

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Substantive session of 2009
Geneva, 6-31 July 2009
Agenda item 1
Adoption of the agenda and other organizational matters

Requests from non-governmental organizations to be heard by the Economic and Social Council

1. At its 31st meeting, on 27 May 2009, the Committee on Non-Governmental Organizations, acting in accordance with Economic and Social Council resolution 1996/31, had before it requests from non-governmental organizations in consultative status with the Council to be heard by the Council in connection with the items in the agenda of the Council for its substantive session of 2009.

2. The Committee decided to recommend that the following organizations[1] be heard under the agenda item indicated below:

2. High-level segment

(b) Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

ActionAid (special, 1991)

African Medical and Research Foundation (Roster, 1977)

Alulbayt Foundation (special, 2004)

Association of Medical Doctors of Asia (general, 2006)

CARE International (general, 1991)

Cercle de recherche sur les droits et les devoirs de la personne humaine (special, 2008)

Conference of Non-Governmental Organizations in Consultative Relationship with the United Nations (general, 2002)

Family Health International (special, 2002)

Global Alliance for Women's Health (special, 1998)

[1] Current status and the year in which the organization was granted that status appear in parentheses after the organization's name.

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Global Network of People Living with HIV/AIDS (special, 2005)

HelpAge International (general, 1995)

International Confederation of Midwives (Roster, 2002)

International Council of Nurses (Roster)

International Federation of Medical Students Associations (special, 2003)

International Federation of Pharmaceutical Manufacturers Associations (Roster)

International Federation "Terre des hommes" (special, 1987)

International HIV/AIDS Alliance (special, 2000)

International Medical Corps (special, 2007)

International Pharmaceutical Students Federation (Roster, 2006)

International Planned Parenthood Federation (general, 1973)

International Public Policy Institute (Roster, 1984)

International Save the Children Alliance (general, 1993)

International Society of Doctors for the Environment (special, 2002)

International Union Against Cancer (Roster)

IUS PRIMI VIRI International Association (special, 2004)

Médecins du monde (international) (general, 1996)

Médecins sans frontières (international) (general, 2000)

Oxfam International (general, 2002)

Rotary International (general, 1993)

Sulabh International (special, 1996)

World Federation for Mental Health (special, 1963)

World Vision International (general, 2004)

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Agenda item 7 (h)
Coordination, programme and other questions: calendar of conferences and meetings in the economic, social and related fields

Letter dated 8 July 2009 from the Chair of the Committee on Conferences to the President of the Economic and Social Council

In response to the invitation of the Economic and Social Council in its decision 1988/103, the Committee on Conferences met on 1 July to review the provisional calendar of conferences and meetings for 2010 and 2011 in the economic, social and related fields (E/2009/L.10) and welcomed the opportunity to provide, as appropriate, its recommendations thereon to the Council.

In introducing the provisional calendar, the Secretary of the Committee on Conferences drew the attention of the Committee to some important guidelines established by the General Assembly and the Economic and Social Council in their resolutions and decisions on the calendar of conferences and meetings, which were also referred to in the preamble to the provisional calendar, specifically in paragraphs 1 (d) and 7 to 13. The Committee was informed that the provisional calendar of conferences and meetings in the economic, social and related fields for 2010 and 2011 comprised not only meetings of the Economic and Social Council, its functional commissions and expert bodies, but also meetings of subsidiary bodies of the General Assembly in the economic, social and related fields as indicated in footnote c to the provisional calendar (E/2009/L.10, annex). In scheduling meetings, every effort was made to avoid, to the extent possible, any overlap of meetings related to the same sector of activity. The provisional calendar was formulated on the basis of the data received by the Secretariat at the time of its preparation. Information received subsequently will be included in the overall draft biennial calendar of conferences and meetings, which would also take into account any decisions adopted by the Council at its substantive session in July 2009 when it considers the provisional calendar. Any proposals for a change of venue of a subsidiary body from its established headquarters will be reflected in the calendar only after approval by the respective Charter body.

The Committee on Conferences expressed concern about the capacity of the United Nations Office at Geneva to service several calendar sessions scheduled

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during the same time frame from 8 to 12 February and from 3 to 7 May 2010 in Geneva.

A question was also raised by the Committee as to when the modalities of the meetings referred to in paragraphs 11 and 12 of the preamble to the provisional calendar would be determined and why the Department for General Assembly and Conference Management did not state that costs for conference services for both meetings could be absorbed. The Committee welcomed the explanation provided by the representative of the Department that it was not certain when the modalities of the meetings would be decided and that the Department would do its best to service them without requesting additional resources, subject to the provisions outlined in paragraphs 11 and 12.

The Committee decided to recommend to the Economic and Social Council the adoption of the provisional calendar of conferences and meetings of the Council and its subsidiary organs for 2010 and 2011, bearing in mind the observations and issues raised above.

In closing, I would like to express the Committee's appreciation for the invitation of the Council to review its provisional calendar of conferences and meetings, and for the continued close cooperation between the Council and the Committee.

(*Signed*) Barbara **Kaudel**
Chair of the Committee on Conferences

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Economic and Social Council

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Agenda item 2 (b)
High-level segment: annual ministerial review

Note verbale dated 1 July 2009 from the Permanent Mission of Jamaica to the United Nations addressed to the President of the Economic and Social Council

The Permanent Mission of Jamaica to the United Nations presents its compliments to the President of the Economic and Social Council and has the honour to request that the report of the Latin America and the Caribbean regional preparatory meeting for the annual ministerial review of the Council, on the theme "HIV and development in Latin America and the Caribbean", held in Montego Bay, Jamaica, on 5 and 6 June 2009 (see annex), be circulated as a document of the Council for consideration at its substantive session of 2009, under item 2 (b) of the agenda.

At the regional preparatory meeting, participants took stock of the progress made in controlling HIV in the region, analysed the main obstacles in achieving further successes, and discussed ways of making further advances in the prevention, treatment and care of HIV, towards the achievement of the HIV-related Millennium Development Goals. The meeting also provided an opportunity for Member States in Latin America and the Caribbean to renew their commitments in the field of HIV, in particular those made in the Ministerial Declaration adopted at the XVII International AIDS Conference in Mexico City in August 2008. The Government of Jamaica believes that the report will constitute a valuable contribution to the discussions on the theme at the annual ministerial review of 2009.

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Annex to the note verbale dated 1 July 2009 from the Permanent Mission of Jamaica to the United Nations addressed to the President of the Economic and Social Council

Report of the Latin America and the Caribbean regional preparatory meeting for the annual ministerial review of the Economic and Social Council: "HIV and development in Latin America and the Caribbean"

Summary

As part of the 2009 annual ministerial review process of the Economic and Social Council, a Latin America and the Caribbean regional preparatory meeting on the theme "HIV and development in Latin America and the Caribbean" was held in Montego Bay, Jamaica, on 5 and 6 June 2009. The event was hosted by the Government of Jamaica and convened ministers and other high-level representatives from the health, education, labour and economic planning sectors.

The meeting drew together 103 participants, including representatives from Governments, international organizations, non-governmental organizations and the private sector. Participants took stock of the progress made in controlling HIV in the region; analysed the main obstacles to achieving further successes; and discussed ways of making further advances in the prevention, treatment and care of HIV towards the achievement of the HIV-related Millennium Development Goal.

A number of key messages emerged from the presentations and discussions. First, addressing HIV is central to public health, socio-economic development and human security. Second, the region must provide renewed leadership and keep HIV on national and regional agendas, and maintain or increase current investments in HIV, with a focus on integrated development approaches. Third, prevention of HIV infection is a critical component in halting and reversing the HIV epidemic, and significant increases will be required in prevention coverage, particularly in health education, with particular emphasis on most-at-risk populations and youth. Fourth, as stigma, homophobia and discrimination represent perhaps the single greatest barrier to attaining the HIV-related Goal, urgent and increased investment and interventions are needed in support of human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country.

The presence of a variety of sectors, in addition to the health sector, during the panel discussions, reinforced the consensus that the above-mentioned actions should be undertaken using a multisectoral approach. Due to the strong social determinants of the epidemic and the stigma and discrimination associated with the disease, HIV cannot be tackled by the health sector alone, but must involve all sectors, particularly social sectors and actors. Especially in the area of HIV prevention, the health and education sectors, in close collaboration, should take a leading role in addressing the needs of young people. This multisectoral approach should include the labour sector in order to reach the working population. The critical importance of involving all relevant stakeholders at all levels, including communities and families, was also highlighted.

The eleven recommendations that emerged from the discussions and key messages mentioned above are presented in the concluding section of the present report. As a concrete action, delegations also agreed to formalize the Intersectoral Working Group as mandated in the Ministerial Declaration on "Preventing through education", adopted in Mexico City in August 2008. The Intersectoral Working Group has been charged with following up the recommendations and resolutions of the Declaration.

The event provided an opportunity for participants from all sectors to renew their commitments on HIV and collaborate closely across sectors to control the HIV epidemic and achieve the HIV-related Millennium Development Goal.

I. Introduction

1. The annual ministerial review of the Economic and Social Council was established by Heads of State and Government at the 2005 World Summit. It serves as an instrument to track progress and step up efforts towards the realization of the internationally agreed development goals, including the Millennium Development Goals, by the 2015 target date. The theme for the 2009 annual ministerial review is "Implementing the internationally agreed goals and commitments in regard to global public health".

2. To provide input to the 2009 annual ministerial review, on 5 and 6 June 2009 the Government of Jamaica, under the leadership of Rudyard Spencer, Minister of Health, and Andrew Holness, Minister of Education, hosted the Latin America and the Caribbean regional preparatory meeting for the annual ministerial review of the Economic and Social Council: "HIV and development in Latin America and the Caribbean", with the support of the United Nations Department of Economic and Social Affairs, the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Joint Programme for HIV/AIDS (UNAIDS) and the Pan American Health Organization (PAHO).

3. The meeting was attended by 103 participants, including ministers and representatives of Governments from the Latin America and the Caribbean region, experts from the United Nations system and other international organizations, non-governmental organizations and the private sector. Participants took stock of the progress made in controlling HIV in the region; analysed the main obstacles to achieving further successes; and discussed ways of making further advances in the prevention, treatment and care of HIV, towards the achievement of the HIV-related Millennium Development Goal.

4. The meeting also provided an opportunity for the Member States in Latin America and the Caribbean to renew their commitments in the field of HIV, in particular those made in the Ministerial Declaration adopted at the XVII International AIDS Conference, held in Mexico City in August 2008. At the initiative of the Government of Mexico and the Regional Directors Group of UNAIDS Cosponsors in Latin America and the Caribbean, a smaller meeting was held the night before the Economic and Social Council meeting to share updated information and strategies about ministerial-level efforts to follow up on the commitments assumed in the Declaration.

5. The Economic and Social Council event was organized around four panel discussions on the following themes; (a) "Challenges of HIV as a development concern and the Latin America and the Caribbean response"; (b) "Challenges and solutions in the response to HIV in Latin America and the Caribbean in reaching universal access goals"; (c) "Presentations of best practices and policies in response to HIV in Latin America and the Caribbean"; and (d) "Implications of the global financial crisis for HIV and health".

6. The key messages and recommendations that emerged from the presentations and discussions will be transmitted by the Government of Jamaica to the Economic and Social Council during the annual ministerial review, to take place in Geneva in July 2009. These are presented in the concluding section of the present report.

II. Proceedings of the regional preparatory meeting

A. Welcoming and opening remarks

Welcoming remarks

7. Opening the ministerial meeting, Rudyard Spencer, Minister of Health, Jamaica recalled the purpose of the event, which was to bring together key decision makers from across the region to assess progress and define an approach for future achievements towards the Millennium Development Goal on HIV/AIDS.

8. He recognized the work and dedication of ECLAC and the Economic and Social Council in advancing human security. As the region and the rest of the world faced an uncertain future, the poor needed the sustainable support of institutions that had the reach, influence and capacity to advocate for them. That was especially needed with a worrying economic forecast that would have serious implications for social security, notably in the fight against HIV/AIDS.

9. The Minister of Health stressed that, in response, there was a need for the conference to be bold in drafting a course that would allow the region to fulfil the Millennium Development Goals and free itself from the shackles of poverty, ill health and inequity. He expressed the need for innovative strategies to combat HIV and to produce a social revolution built on the fundamental principles of human rights. Otherwise, he warned, "we will fail our people".

10. Long-term success would require strengthening regional and national institutions to assist the poor and marginalized in a way that would enhance social freedoms.

11. He reported that today, as the delegations were deliberating, 55 individuals would become infected, adding to the 2.5 million people already living with HIV in the region. Now was the time to offer a better hope for sustainable and equitable health outcomes for those people.

Opening statements

12. In her opening remarks, Ambassador Sylvie Lucas, President of the Economic and Social Council, highlighted the importance of the meeting's contribution to the annual ministerial review on the theme "Implementing the internationally agreed goals and commitments in regard to global public health" to take place in Geneva in July 2009.

13. Ambassador Lucas emphasized that the consultation and its conclusions could provide an impetus to re-energize efforts towards realizing universal access to HIV prevention, treatment, care and support by the target date of 2010. It was a pressing matter for all of humanity, as the virus represented not only a global health-issue, but equally a challenge in sustaining present and future development.

14. The President of the Economic and Social Council stressed the necessity of leadership and political commitment in order to achieve significant progress towards the HIV-related Millennium Development Goal. As an example of good national responsibility towards health care, she explained the commitment of Luxembourg to adequate health standards and support of the aids2031 initiative launched by

UNAIDS, which aimed at developing a sustainable, multisectoral and global strategy to combat the virus.

15. Ambassador Lucas expressed her interest in hearing the analysis and policy recommendations of participants, policies which could be shared with the broad membership in Geneva.

16. Thomas Stelzer, Assistant Secretary-General for Policy Coordination and Inter-Agency Affairs, United Nations Department of Economic and Social Affairs, thanked the Governments of Jamaica and Luxembourg and the several partners in the United Nations system whose generous contribution made the meeting possible.

17. He remarked that despite the advanced means of preventing, diagnosing and treating HIV, lack of global awareness and funding hindered the task of achieving the Millennium Development Goal. Consequently the Secretary-General had made global health one of the top priorities of the United Nations. Promoting and securing health was imperative for laying a strong foundation for prosperity, stability and poverty reduction.

18. Though there had been significant progress in controlling the HIV epidemic through prevention programmes and treatment services, other indicators (for example, women represent a growing proportion of people living with the disease and an increasing number of children are orphaned by HIV) were less encouraging. The consequences of the global financial crisis would exacerbate the HIV situation, and the Assistant Secretary-General proposed increased effort, renewed commitment and initiatives to address the social factors that increased vulnerability and risk-taking behaviours.

19. Lastly, he called on Member States in Latin America and the Caribbean to make concrete progress on the Ministerial Declaration adopted at the XVII International AIDS Conference in Mexico City in August 2008, where the ministers had committed to a set of actions to stop HIV and sexually transmitted diseases.

20. In concluding, the Assistant Secretary-General hoped that the meeting would serve as a platform for building more efficient initiatives and actions to improve HIV-related health issues.

21. Dr. As Sy, Deputy Executive Director, Management and External Relations, ad interim, UNAIDS, congratulated the organizers for convening the conference on such an important issue. He stressed that despite the situation in HIV, which qualified as a global epidemic, we were not helpless. We could do something to achieve universal access to HIV prevention, treatment, care and support, and that was a message of hope. That called for leadership and solidarity. He stressed that though that was challenging, we needed to recognize that different countries pursued specially tailored paths to achieve those goals against the epidemic.

22. He noted that in Latin America and the Caribbean there had been substantive progress, including prevention of mother-to-child transmission of HIV and antiretroviral treatment programmes. However, unprotected sex remained the main mode of transmission in the region and prevention remained a challenge. Where prevention programmes existed, they were not tailored towards groups most at risk (men having sex with men, sex workers, prisoners, substance abusers and young people), largely due to discrimination.

23. The Deputy Executive Director said that to achieve universal access to HIV prevention, care, treatment and support, the key priority for UNAIDS, the region should continue to scale up public health programmes and review laws that impacted negatively on the most vulnerable groups. That was necessary in order to move societies towards a clearer understanding of human rights issues as they related to the HIV public health approach. Unless they succeeded in reducing stigma and discrimination, the effectiveness of the response to HIV would be hindered.

24. UNAIDS had just released its Outcome Framework for the period 2009 to 2011 spelling out its vision. Three priority areas were particularly relevant for the Latin America and the Caribbean region:

(a) Preventing babies from becoming infected and mothers from dying from AIDS;

(b) Removal of punitive laws, policies and practices and discrimination that block effective responses to AIDS;

(c) Empower young people to protect themselves from HIV.

25. The Deputy Executive Director called on Member States to identify where progress was lagging behind; to put young people's leadership at the centre of national responses; and to create an enabling environment in which people with HIV and AIDS could live productive lives and be part of the solution.

26. Dr. Socorro Gross, Assistant Director of the Pan American Health Organization (PAHO), delivered her remarks on behalf of Dr. Mirta Roses Periago, Director of PAHO, and the Regional Directors Group of UNAIDS Cosponsors in Latin America and the Caribbean. She emphasized the importance of the meeting, as the lessons learned and conclusions would serve as the contribution of the Government of Jamaica to the annual ministerial review of the Economic and Social Council, to take place in Geneva in July 2009. She stated that the focus of the 2009 review, public health, was timely for the Latin America and the Caribbean region, because even though the region had made progress in certain goals, there was still much to do.

27. In 2003, the Regional Directors Group had publicly taken on several commitments, including to reinforce political dialogue on HIV/AIDS; increase collaboration between regional and subregional entities with civil society; offset discrimination, strengthen prevention and mobilize resources; and harmonize efforts within the United Nations system.

28. The support of the Regional Directors for the 2008 Mexico Declaration on "Preventing through education" was part of their efforts to honour their commitments. The Assistance Director of PAHO stressed that the intersectoral perspective that the current meeting offered because of the participation of various sectors was more than ever, necessary to achieve a sustainable response for the region.

29. She concluded by expressing the full support of the Regional Directors Group to the common effort towards the achievement of the Millennium Development Goals.

30. Laura Lopez, Secretary of the Commission, ECLAC, pointed out that the conference was being held at a time of severe financial crisis which would adversely

affect all aspects of economic and social development. As a result, it would require greater effort from all parties of the international community to achieve the Millennium Development Goals.

31. She emphasized the region's commitment to addressing the HIV threat, but acknowledged how difficult it was for most countries in Latin America and the Caribbean to sustain spending on public health with scarcer resources. However, she highlighted the importance of health spending as a countercyclical measure to stimulate future economic development.

32. The Secretary of the Commission said that ECLAC had been monitoring the impact of the international financial crisis on the region's progress towards achieving the Millennium Development Goals, with particular regard towards the HIV pandemic. The meeting's debates on HIV and regional public health, she stressed, would complement the work already accomplished on health related issues. Future progress would not merely be the responsibility of ministries; all actors in charge of finance, education, environment, political and social affairs would have to be an integral part of the solution.

33. Finally, the Secretary of the Commission welcomed the genuine multilateral collaborative effort demonstrated by the number of participants at the meeting.

34. Andrew Holness, Minister of Education, Jamaica expressed how important it was for the Member States in Latin America and the Caribbean to come together as a region to discuss common issues and find common solutions, with the aim of exchanging and sharing best practices.

35. While the issue of HIV/AIDS remained a priority on the global development agenda, the countries of Latin America and the Caribbean had sustained efforts towards the prevention of new infections. Since the very beginning of the epidemic, regional cooperation had enabled the region to mobilize resources towards the management and containment of the virus. One example of a successful regional initiative was the Pan Caribbean Partnership against HIV/AIDS (PANCAP), established as a regional coordinating mechanism to engage Governments and civil society in raising the political profile of AIDS.

36. The Minister of Education stated that though the financial crisis would require leaders to make difficult decisions regarding the allocation of scarce resources, the region had to remain committed to the implementation and maintenance of programmes and initiatives. Investments should focus on the following areas:

(a) Relevant research and high-quality data;

(b) Maximizing the effectiveness of investments;

(c) Integrating public health systems;

(d) Implementing human rights and social justice programming;

(e) Strengthening programmes to address social vulnerability and risks;

(f) Strengthening prevention coverage;

(g) Strengthening collaborative responses to HIV/tuberculosis co-infection.

37. The Minister of Education recognized the importance of cross-sectoral partnerships to ensure optimal and meaningful utilization of resources. Managing

the epidemic should no. longer be perceived merely as a health issue, but as a developmental issue. That approach required the participation of other sectors as critical players in national programmes. Jamaica had made significant strides in establishing such a national policy framework for the fight against HIV/AIDS.

38. Jamaica's National Policy on the Management of HIV/AIDS in Schools had been approved by the Cabinet in 2004 and was currently being revised to incorporate a wider range of issues, including gender inequalities. National policies were being further revised to define the role of teacher training colleges and other key stakeholders in equipping educators with the required skills and competencies to educate the population. The Minister of Education emphasized that those policies could be replicated among other Member States in the region.

39. The Ministry of Health had been a key strategic partner in leading the charge in the prevention and treatment programme. The Minister of Education concluded by stating that the Government of Jamaica was committed to ensuring the availability of quality health care for all citizens at an affordable cost. Furthermore, he hoped that in its deliberations the meeting would seek to strengthen the response to HIV/AIDS through building better and more effective partnerships.

B. Session 1: Panel discussion on "Challenges of HIV as a development concern and the Latin America and the Caribbean response"

40. In Latin America and the Caribbean, the main mode of transmission of HIV is unprotected sex. The disease impacts disproportionately a number of vulnerable groups, namely women, drug users, prison populations, migrants, indigenous populations and youth. The most-at-risk groups include men who have sex with men, sex workers, both male and female, and drug users.

41. Poverty and lack of education are major factors in the transmission of the disease. Equitable access to resources, decent employment, education and health are essential components of efforts to diminish the incidence of HIV/AIDS.

42. HIV has a serious socio-economic impact in the region on individuals, households and private companies, as well as Governments and the overall economy. It is estimated that in certain countries of the region, the disease could cost approximately 5 per cent of their gross domestic product (GDP).

43. Most countries in the region have established national plans and strategies to respond to the epidemic. However, these plans are generally within the health ministries and rarely involve other ministries, leading to a fragmented approach. HIV/AIDS is a social issue as much as it is a health issue and should be tackled using a multisectoral approach. For example, in 2005, the Pan Caribbean Business Coalition on HIV/AIDS was created. The main objectives of the Coalition include providing assistance in the implementation of workplace policies and initiatives in response to HIV/AIDS.

44. Some progress has been made in increasing access to prevention, treatment and antiretroviral drugs in the region. However, the persistence of social norms, beliefs and legal policy barriers create highly stigmatized environments where

discrimination, homophobia and violence against certain groups thrive, preventing further progress in decreasing the transmission and incidence of HIV.

Recommendations

45. The panel made the following recommendations:

(a) Maintain strong political leadership to scale up multisectoral efforts led by the health sector, notwithstanding numerous conflicting priorities (economic crisis, climate change, emerging diseases);

(b) Maintain strong involvement of the health, labour and education sectors and ministries in dealing with HIV/AIDS;

(c) Integrate HIV plans and programmes in national development plans to adopt a broader social and development perspective in tackling HIV;

(d) Involve participation of all social sectors, namely civil society, the private sector, organizations of people living with HIV and vulnerable populations into national plans and programmes;

(e) Strengthen public health systems to ensure universal access to prevention and treatment care;

(f) Prioritize tackling stigma and discrimination towards people living with AIDS and homophobia within HIV plans and programmes.

C. Session 2: Panel discussion on "Challenges and solutions in the response to HIV in Latin America and the Caribbean in reaching universal access goals"

Presentation of the background document

46. Dr. César Núñez, Regional Director, Regional Support Team for Latin America, UNAIDS, presented the background document on progress on HIV in Latin America and the Caribbean.

47. The HIV epidemic remains stable overall, but continues to grow among vulnerable groups. The estimated number of people living with HIV/AIDS is 1.7 million in Latin America and 230,000 in the Caribbean.

48. The major gaps in addressing HIV reside in the quality and availability of data, the social vulnerability and risk-taking behaviours of vulnerable groups, and legal and social barriers that drive the epidemic underground and limit access to prevention and treatment.

49. The main measures needed to improve care, treatment and support of people living with HIV are further integration of HIV services into primary health-care services, further integration of community care and support services, geographic decentralization of treatment sites and equity in treatment access.

50. On a positive note, great strides have been made in the area of access to care, especially to antiretroviral therapy to prevent mother-to-child transmission. However, more needs to be done to raise the percentage of population eligible for antiretroviral care in the Caribbean.

51. Two main challenges persist in the region, namely multisectoral involvement and the inclusion of broader development drivers of the epidemic in HIV plans and programmes.

Panel and plenary discussion

52. Social prejudice and discrimination are major factors in the expansion of the epidemic. Some challenges that hinder greater progress in this area are: insufficient investments and interventions targeted towards groups that are most affected; criminalization of people for their sexuality; a lack of understanding of the context for forced migration and sexual exploitation; inadequate means to attend to people living with HIV/AIDS; and absence of good quality data and monitoring and evaluation of programmes and policies. Even though many countries do not recognize sexual rights, the topic is increasingly being put forward and discussed in global and regional forums.

53. The main challenges faced by the health system in Jamaica are insufficient health workforce; limited testing and partner notification; and inadequate monitoring and evaluation. The four main pillars of Jamaica's response to HIV include: (a) increased access to antiretroviral drugs through abolition of user fees, decentralization and improvement in the quality of care; (b) strengthening of the health system; (c) building partnerships and creating a supporting environment for people living with HIV/AIDS; and (d) communications. The prevention of mother-to-child transmission constitutes a best practice with more than 85 per cent coverage.

54. Progress in dealing with HIV in Uruguay is being achieved through: (a) the establishment of a national integrated health system; (b) specific legislation for preventing and addressing HIV; (c) strong social participation of people living with HIV and of non-governmental organizations in an intersectoral institutional decision-making process; and (d) actions for social protection of people living with HIV. The 90 per cent antiretroviral coverage is one of the important successes of Uruguay's HIV programme. Uruguay also highlighted the importance of establishing a continuous information system aimed at tracking the financial resources used for HIV prevention, treatment, care and support by means of systematic approaches, for example, national AIDS spending assessments that show the origin and use of funds.

55. The Ministerial Declaration on "Preventing through education" was endorsed by 30 health ministers and 26 education ministers in Mexico City in August 2008. The Declaration emphasizes that evidence-based sexuality education is a foundation for HIV prevention. It also acknowledges the right for all to access information and protect themselves. The goals established by the Declaration are to reduce by 75 per cent the number of schools under the jurisdiction of the Ministry of Education that have failed to institutionalize comprehensive sex education, and to reduce by 50 per cent the number of adolescents and young people who are not covered by health services that address their sexual and reproductive health needs appropriately, by 2015. A technical working group is to be established for follow-up and implementation; the Government of Mexico has been requested to continue to support this group as its executive secretariat.

Recommendations

56. The panel made the following recommendations:

(a) Create an enabling environment for people living with HIV/AIDS to live freely and obtain access to testing and treatment, legal protection, education, employment and support networks and self-help groups;

(b) Destigmatize the provision of HIV services by integrating HIV services into regular health services and removing the element of identifiable HIV facilities, including in the workplace;

(c) Support human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country;

(d) Support social investigations to understand the dynamic of HIV in the region;

(e) Strengthen surveillance systems that routinely capture all those affected by the epidemic, including those most at risk and vulnerable (women, prisoners, drug users). Surveillance systems should also capture where new cases are coming from and project where they are likely to arise; whether the epidemic is increasing, stabilizing or decreasing; and profiles and numbers of people living with HIV;

(f) Multiply efforts in evaluation and monitoring of policies and programmes, especially of the most vulnerable groups.

D. Session 3: Panel discussion on "Presentations of best practices and policies in response to HIV in Latin America and the Caribbean"

57. A strong collaboration with and involvement of non-governmental actors seems to permeate throughout all best practices in HIV responses across the region. In Brazil, for example, decisions on HIV at all levels are taken with the strong participation of civil society. The Brazilian Government works within a strategic triangle that includes the Government, civil society including the private sector, and international organizations. It provides financial and technical support to sex workers' organizations directly through civil society organizations. The Honduras Ministry of Labour works directly with groups of women with HIV/AIDS to support them in setting up micro-businesses. It also associates with the International Labour Organization (ILO) to conduct training on HIV in private and public companies. Civil society has a critical role to play in HIV responses by reaching out to the marginalized and disenfranchised, reminding policymakers of the rights of the rights holders and communicating about what happens at the community level.

58. At the regional level, PANCAP coordinates all major actors in the field of HIV across the region. It is a unique regional coordinating entity which brings together 24 countries with 16 civil society organizations, 12 bilateral/multilateral agencies, 7 development partners and 6 regional institutions. PANCAP sets strategic priorities for the whole region which are closely linked to policies at the national level. This collaborative framework results in many successes in providing guidance to countries on public policies and goods.

59. In some countries HIV plans and policies at the state or municipal level are decentralized. In Brazil, for example, the HIV response is set as a state policy, with robust financial backing from the central Government.

60. It is only through a multisectoral approach that HIV can be effectively resolved because of the important socio-economic and gender determinants in HIV. Stigma and discrimination are major obstacles to the success of HIV policies and programmes as they prevent people from getting tested and treated. As a result, between 80 and 90 per cent of people living with HIV/AIDS do not know they have the disease and the epidemic is driven underground. Gender identity, roles and power forces shape sexual expression and access to resources and can cause risk-taking behaviours. For example, the association of femininity with sexual submissiveness and availability which limits the capacity or inclination to demand safe sex. Gender analysis is thus central to understanding HIV/AIDS transmission and initiating targeted programmes of action.

61. Widespread education of all youth is seen as being the most effective tool to change cultural and social behaviours. Providing proper community-level support to drug addicts has also been effective in preventing addicts from adopting risk-taking behaviours in order to buy their drug dose.

62. Additionally, undernutrition of HIV/AIDS patients is very serious and threatens to undermine the gains that have been made in the region.

Recommendations

63. The panel made the following recommendations:

(a) Guarantee inclusive structures and policies that respect civil society's right to participation;

(b) Repeal legislation which is premised on prejudicial and oppressive notions, and pass legislation which advances social justice without discrimination or distinction based on gender, sexual orientation, socio-economic status, disability or age;

(c) Address social drivers of the HIV epidemic such as marginalization, poverty, gender, exclusion, violence and abuse, which undermine people's rights and freedoms and increase HIV infections in our communities;

(d) Adopt effective legal provisions and administration of justice against violence against women and girls, and develop social services, including shelters and social communications for zero tolerance;

(e) Develop and support educational programmes throughout the education system aimed at transforming social behaviour from the perspective of integral human development, with a focus on health, sexual education, human rights, empowerment and gender;

(f) Inform and empower individuals to take rational decisions about their sexual behaviour, by including education about sexual rights and reproductive health in prevention efforts;

(g) Include nutritional counselling in HIV care.

E. Session 4: Panel discussion on "Implications of the global financial crisis for HIV and health"

64. It is clear that the global financial and economic crisis affects the region negatively, putting in question its capacity to reach the Millennium Development Goals by 2015. Some of the major social concerns are rising unemployment, a setback in poverty reduction, increased civilian unrest and criminality, political instability and a worsening of the health situation, including malnutrition and HIV incidence.

65. The consequences of the crisis on the population's health status are mainly defined by the vicious circle between poverty and illness. The cuts in public expenditure are usually associated with a lower quality of services and goods provided to patients. Moreover, prices of drugs generally tend to increase, which diminishes the capacity of people to access drugs.

66. All Governments of the region have attempted to mitigate the effects of the crisis by putting in place stimulus packages. In particular, several actions are seen as necessary in times of crisis. First, it is critical to maintain or increase investments in health. The health sector should be seen as an instrument for coming out of the crisis, as it is a very important economic sector with a great capacity to redistribute resources, create employment and reactivate the economy. The United States of America and China are two examples of countries that are using massive investments in health in order to get out of the crisis.

67. In some countries cuts in public expenditure are forcing Governments to use their limited resources more efficiently. This has led Haiti, for example, to cut unneeded expenses in management and to look for increased involvement of other sectors in order to increase possible sources of funding and create synergies among sectors. Similarly, the Global Fund to Fight AIDS, Tuberculosis and Malaria is currently seeking to coordinate the work among donor agencies and avoid duplication. Focusing on prevention and early detection is also a way to reduce the number of new cases and reduce future costs. The Global Fund has also been looking into alternative funding instruments, including debt to health mechanisms, through which donor countries convert the debt of developing nations into donations to the Global Fund.

68. Second, as drugs often represent a major cost of health systems, an effective way of maintaining access to drugs in times of crisis is to decrease the cost of drugs and other medical inputs. In this regard, Argentina, along with a number of other countries of the region, has negotiated the prices of drugs with laboratories, reducing their prices significantly. Similarly, Haiti is looking into establishing partnerships with Brazil to buy locally produced drugs and other medical products at a lower price.

69. Third, Governments must pay special attention to protecting the entire population from poverty and illness, with a major emphasis on the most vulnerable, namely the poorest, the elderly, youth and most-at-risk groups. This requires maintaining or putting in place basic social security, as China has established for its rural population; strengthening primary health care; and increasing the capacity of communitarian systems to reach and protect the most vulnerable.

70. Finally, the importance and relevance of working in a horizontal/transversal manner with a view to strengthening the whole health system instead of treating diseases vertically is increased in times of crisis. This approach allows significant savings and synergies to occur as well as a robust health system to emerge, which is necessary for a sustainable health system. The treatment of HIV/AIDS will increasingly call for chronic care, thus highlighting the relevance to the burgeoning problem of the chronic non-communicable diseases and the impact of both on health systems.

Recommendations

71. The panel made the following recommendations:

(a) Strengthen horizontal cooperation among countries of the region to exchange and learn from best practices, as well as errors;

(b) Increase coordination and collaboration among countries to improve cost and efficiency of preventive and treatment efforts, including drugs and other medical inputs;

(c) Promote investments to strengthen the capacity of local governments and community-based groups;

(d) Include children orphaned by HIV in social protection programmes and support networks;

(e) Strengthen efforts to improve prevention of HIV, information and sexual education and prioritize preventive interventions targeting high-risk and vulnerable groups. Conduct critical analysis and data analysis to identify deficiencies, gaps and opportunities for intervention in the short term and needs for long-term reforms;

(f) Protect and develop human resources for health in order to maintain its quality, competency and availability.

F. Closing remarks

Feature address

72. Sir George Alleyne, Special Envoy of the Secretary-General on HIV/AIDS in the Caribbean Region and Director Emeritus of PAHO, stressed that one of the objectives of the meeting was to take stock of the response of Governments to the current economic and financial crisis and the likely implications for the fight against HIV in the broader context of the regional health and development goals. The involvement not only of Governments but also of other actors, such as United Nations agencies and programmes and civil society, was the only way to advance and take concrete actions. He stressed the importance of investing in health as the basis for development and as a key factor to influence other sectors, such as education, environment and climate change.

73. The Special Envoy reminded participants of the inverse relationship between economic performance and expenditure on health to showcase the likely negative impact of the economic crisis on the health sector and most specifically on HIV. The World Bank estimated that the number of poor people in the Latin America and the Caribbean region had increased by six million as the result of the crisis. He noted

the reduction in economic activity, development assistance and the flow of remittances as consequences of the crisis.

74. During these times of crisis, expenditure in health had to be seen as a countercyclical measure. Governments had to abide by their commitments and pay attention to maintaining a balance between HIV and other health priorities. Strengthening health systems, including hospital information systems and human resources management, could also bolster the response to HIV. The Special Envoy also recalled the importance of offering protection to the most vulnerable in times of crisis, a lesson learned from the 1990s crisis.

75. The Special Envoy stated that the three most important health issues of the Caribbean region included non-communicable diseases, HIV/AIDS and injuries. He pointed out the evolving similarities of HIV/AIDS and non-communicable diseases, which both required chronic disease care. As far as HIV was concerned, he concluded by saying that Governments had to put priority on HIV prevention and addressing the social aspects of the disease as a means to reduce the number of newly infected. Efforts in HIV prevention, treatment, care and support must not be seen as conflicting with other health priorities. All should be maintained.

Closing remarks

76. Ambassador Sylvie Lucas, President of the Economic and Social Council, warmly thanked the Government of Jamaica for hosting the meeting on HIV and development in Latin America and the Caribbean, and all the organizations involved in the planning of the conference.

77. She noted that the past two days had been encouraging, particularly because of the presence and active participation of ministers and others stakeholders not just from the health sector but from other sectors as well, making the meeting truly multisectoral. She underscored that the diverse background of the participants had allowed the discussion on HIV to go beyond its health-related impacts into the broader context of socio-economic development. What had come out most strongly was the need to focus on education, awareness-raising, communication and collaboration.

78. As President of the Council, she would endeavour to include some key messages of the Jamaican meeting in the ministerial declaration that was to be adopted by the member States of the Council in Geneva in July 2009. She highlighted the following five elements that she strongly urged member States to take action on:

(a) Governments should involve ministries of education, labour and finance among others, in developing a comprehensive, multisectoral and integrated approach to tackling HIV/AIDS;

(b) The design of policies in all sectors should be supportive of public health. This includes better nutrition, safe drinking water, sanitation and sustainable urbanization;

(c) Social behaviours towards HIV-infected patients, need to change with a view to respecting their dignity and basic human rights;

(d) Governments need to ensure better and more equitable health outcomes for those affected. Governments need to lead the effort to reach out to the most

excluded communities and make affordable care available, including through the promotion of risk pooling and pro-poor insurance schemes;

(e) Health literacy and education is an important factor in ensuring significant health outcomes and should be a key component of all health policies and strategies.

79. Ambassador Lucas explained that the 2010 annual ministerial review would have as its theme "Gender equality and the empowerment of women", marking 15 years since the Fourth World Conference on Women. With that in mind, she hoped that ECLAC member States would volunteer to host another regional event.

80. Dr. Grace Allen Young, Permanent Secretary, Ministry of Health, Jamaica, explained that the success of the two-day meeting had come from the firm and unrelenting commitment to finding concrete solutions to overcome the spread of the virus in the region. The meeting's broad coverage of HIV/AIDS demonstrated the understanding of the complexities involved in the response to the epidemic.

81. She expressed how encouraging the progress towards access to antiretroviral drugs had been in the region. Thanks to the sustained efforts of national Governments, the international community and private sector, individuals living with HIV/AIDS were living longer. Despite the economic crisis and its threat of eroding achievements towards the Millennium Development Goals, she noted that there were many new windows of opportunity which the region could pursue.

82. Furthermore, she commented that we all knew that stigma and discrimination undermined the ability to progress at a faster pace. Therefore it was imperative that Governments address the issue. The Permanent Secretary added that the Latin America and the Caribbean region faced the common historical condition of repression, which affected how human rights were perceived. There was a lot of work to be done additionally in incorporating gender analysis into national policies and programmes.

83. The meeting had included appeals to build more effective partnerships, focusing on prevention and capacity-building. Integrated health systems and education had been identified as key links in the success against HIV/AIDS.

84. Dr. Allen Young thanked ECLAC, the Economic and Social Council and the Government of Luxembourg for the financial and technical support that had been critical to the success of the event. She thanked the United Nations and its various arms for the continued support provided to the region, and noted that the presence of so many participants was an indication of the individual and collective commitment to the HIV/AIDS agenda.

III. Conclusions and recommendations

85. A number of key messages emerged from the presentations and discussions. First, addressing HIV is central to moving forward the public health agenda, socio-economic development and human security. Second, the region must provide renewed leadership and keep HIV on national and regional agendas. Current investments in HIV must be maintained and/or increased with a focus on integrated development approaches. Third, prevention of HIV infection is a critical component in halting and reversing the HIV epidemic and in sustaining and expanding the care

and treatment response. Significant increases will be required in prevention coverage, particularly in health education, with particular emphasis on most-at-risk populations and youth. Fourth, as stigma, homophobia and discrimination represent perhaps the single greatest barrier to attaining the HIV-related Goal, urgent and increased investment and actions are needed in support of human rights, including sexual rights, and social justice programmes, in accordance with the legal framework of each country.

86. The presence of diverse sectors, in addition to the health sector, during the panel discussions reinforced the consensus that the above-mentioned actions should be undertaken using a multisectoral approach. Due to the strong social determinants of the epidemic and the stigma and discrimination associated with the disease, HIV cannot be tackled by the health sector alone, but must involve all sectors, particularly social sectors and actors. Especially in the area of HIV prevention, the health and education sectors, in close collaboration, should take a leading role in addressing the needs of young people. This close collaboration and partnership should also be established with the labour sector in order to promote best practices and policies in response to HIV. The critical importance of involving all relevant stakeholders at all levels, including communities and families, was also highlighted.

87. Based on these central messages, participants reached consensus on a number of key recommendations for improving the prevention, treatment and care of HIV. These are drawn from the recommendations made during the four panel discussions and are summarized in the 11 recommendations set out below:

(a) Member States should establish without delay an intersectoral working group to follow up on the commitments made in the Ministerial Declaration adopted at the XVII International AIDS Conference in Mexico City in August 2008. Implementation of commitments undertaken in the Declaration should be closely monitored;

(b) Governments need to develop a balanced approach to comprehensive prevention, care and treatment programming that addresses the social, infrastructural and legal factors and barriers that underpin risk-taking and vulnerability;

(c) Investments should be targeted to strengthening integrated public health systems. Multisectoral approaches to health education, health communication and health service delivery should be a key component of this integrated approach. Success in treating HIV/AIDS shows similarities with the care of chronic non-communicable diseases, both of which will benefit from strengthened health systems;

(d) Governments, employers, the labour sector and other partners must work together to develop and implement a comprehensive approach to HIV prevention in the workplace. HIV workplace policies and programmes need to promote prevention, expand access to care and treatment, and promote non-discrimination in order to mitigate the social and economic impact of the HIV epidemic;

(e) To effectively scale up HIV treatment, it will be critical to strengthen primary health-care services, decentralize service delivery points, integrate community-based care and informal social networks, and destigmatize the

provision of HIV services by removing the element of identifiable HIV facilities, including in the workplace;

(f) Governments must promote the active engagement of the mass media and civil society in the promotion and implementation of comprehensive sexual education, promotion of sexual health and prevention of HIV. Health promotion programmes should include ample participation of communities and families, including adolescents and youth;

(g) Given the impact of the epidemic on women throughout the region, gender inequity needs to be addressed across development programming through specific and targeted interventions, and in particular the empowerment of women;

(h) Most-at-risk populations, such as men who have sex with men, sex workers, prisoners and injecting drug users require targeted interventions, including outreach services and improved access to basic sexual health services;

(i) Health services must include access to counselling, testing and comprehensive clinical care for HIV, counselling and services for reproductive choice, and counselling, harm reduction strategies and treatment for drug and alcohol abuse. Health services must be provided in settings free from discrimination and homophobia;

(j) Antiretroviral drugs should be made available to all at lower costs;

(k) Policy decisions and programmes must be based on high quality and timely research. Strengthened surveillance systems that routinely capture all those affected by the epidemic, including those most at risk and vulnerable, is the basic tenet upon which country responses should be based. Surveillance systems should capture where new cases are coming from and project where they are likely to arise; whether the epidemic is increasing, stabilizing or decreasing; and profiles and numbers of people living with HIV.